

## PART B - FEE(S) TRANSMITTAL

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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26822 7590 09/21/2004

**WALTER A. HACKLER  
2372 S.E. BRISTOL, SUITE B  
NEWPORT BEACH, CA 92660-0755**

10/06/2004 HDEMESSE 00000023 09973139

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

WALTER A. HACKLER	(Depositor's name)
	(Signature)
SEPTEMBER 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,139	10/09/2001	Paul W. Rockley	2730	4692

TITLE OF INVENTION: MULTI-FUNCTIONAL SECOND INSTRUMENT FOR CATARACT REMOVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, DANIEL J	3731	606-169000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WALTER A. HACKLER2 PETER JON GLUCK

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANCED MEDICAL OPTICS

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA ANA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0114 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

WALTER A. HACKLER

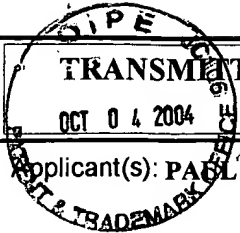
Date SEPTEMBER 29, 2004

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Registration No. 27,792

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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 <b>TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)</b> (37 C.F.R. 1.311)	Docket No. 2730
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Applicant(s): <b>PAGL W. ROCKLEY and RANDALL J. OLSON</b>					
Application No. 09/973,139	Filing Date 10/09/2001	Examiner <b>DAVIS, DANIEL J.</b>	Customer No. 26822	Group Art Unit 3731	Confirmation No. 4692

Invention: **MULTI-FUNCTIONAL SECOND INSTRUMENT FOR CATARACT REMOVAL**

**Mail Stop Issue Fee**  
**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 1330.00    ☐ Design Fee: \_\_\_\_\_    ☐ Plant Fee: \_\_\_\_\_

☒ Publication Fee: \$ 300.00

☐ A check in the amount of \_\_\_\_\_ is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. **08-0114** as described below.


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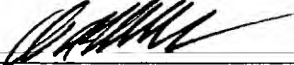
  
\_\_\_\_\_  
*Signature*

Dated: **SEPTEMBER 29, 2004**

**WALTER A. HACKLER, Ph.D.**  
**PATENT LAW OFFICE**  
**2372 S.E. BRISTOL STREET, SUITE B**  
**NEWPORT BEACH, CALIFORNIA 92660-0755**

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<p style="text-align: center;"><b>Certificate of Transmission by Facsimile</b> This certificate may only be used if paying by deposit account.</p> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. _____) on _____</p> <p>_____ Date</p> <p>_____ Signature</p> <p>_____ Typed or Printed Name of Person Signing Certificate</p>	<p style="text-align: center;"><b>Certificate of Mailing by First Class Mail</b></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>09/29/2004</u>.</p> <p>_____ (Date)</p> <p> _____ Signature of Person Mailing Correspondence</p> <p><b>WALTER A. HACKLER</b></p> <p>_____ Typed or Printed Name of Person Mailing Correspondence</p>
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